

Confidential Patient Information

Name _____ Date _____

Phone: Res _____ Bus _____ Cell _____

Email _____

Address _____ City _____ Postal Code _____

Date of Birth (M/D/Y) _____ Single Married Common Law Div Sep Widower

N° of Children _____ Family Physician _____

Occupation _____ N° of Years _____ Employer _____

Health Card N° _____ Version Code _____

Who may we thank for referring you to our office? _____

Heart Mind Body Professional Disclosure and Consent

Stress Testing involves measuring the performance of your heart whilst you undergo exercise, which increases in intensity gradually. This test is performed on an in-office treadmill. Stress Tests assist doctors in assessing the presence, severity or absence of coronary artery disease. The test may also be used to evaluate a person's capacity to undertake physical activities.

At Heart Mind Body, testing consists of walking on a treadmill, as the speed and slope of the treadmill is increased every three minutes. The test is usually stopped when you develop symptoms such as fatigue, breathlessness, tired legs, chest pain. A trained professional will be at your side throughout the test. Your pulse, blood pressure and ECG will be monitored. **If there is any change in any of these observations which concerns the doctor, he or she may stop the test immediately. If at any time during the test you feel unwell in any way, tell the doctor.**

While every effort is made by Heart Mind Body to minimize and negate all risks of the procedure, there exists a small risk of complications which you should be made aware. Emergency equipment and our trained staff are available to deal with any complications which may arise. Serious potential complications include the possibility of a disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina, or the development of a heart attack. The risk of one of these developing is approximately 2 or 3 in 10,000 or 0.02%-0.03%

Before proceeding with the test, it is important we obtain your consent to do so. This demonstrates your acknowledgment of your condition, the associated risks with this procedure, as well as the risks of not completing the procedure.

The signing of this form is completely voluntary, and you are absolutely free to deny consent if you so choose.

Before signing, please feel free to communicate with your doctor any questions or concerns you may have.

I, _____ (Patient name) consent to participate in this stress test at Heart Mind Body Health & Wellness,
Conducted by _____ (Supervising Physician name)

Signature of patient

Date: _____ 20_____

Medical signature

Date: _____ 20_____